# Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

☐ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public
Inspection

<u>A</u>	For the	2018 calendar year, or tax year beginning 07/01/18, and ending 06/30	/19	1				
B	Check if ap	oplicable: C Name of organization		D Em	ployer i	identificati	on number	
	Address cl	hange CRESCENDO ACADEMY OF MUSIC		]				
	Name cha	Doing business as		38	-27	18738	<b>7</b>	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			nedmun		
$\sqsubseteq$	Initial retur			26	9-3	345-6	664	
	Final return terminated							
$\Box$	Amended	KALAMAZOO MI 49007		G Gro	ss recei	pts\$	695	712
		r Name and address of principal officer:						199
Ш	Application	pending SCOTT RUSSELL	H(a) Is this a g	oup return	n for sub	oordinates?	Yes	X No
		359 S KALAMAZOO MALL STE 12	H(b) Are all su	bordinate	s inclu	ded?	Yes	No
		KALAMAZOO MI 49007	1			see instruct	ions)	
	Υ				(-		,	
<u>-</u> -								
3	Website:		H(c) Group ex					
**********			Year of formation:	1988		M State of	legal domici	ie: MI
	Part I							
	1 E	Briefly describe the organization's mission or most significant activities:						
စ္ပ		TO PROVIDE MUSIC EDUCATION TO STUDENTS OF ALL AGES						
ä						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Activities & Governance								,
8	2 (	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of its net as	sets			• • • • • • • • • • • • • • • • • • • •	
Ø «×	3 1	tropher of voting members of the accoming back (Part VIII line 4.3)		- 1	3	11		
ş	4	Number of independent voting members of the governing body (Part VI, line 1b)		···	4	11		
ij	5 7	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • • •	···  -	5	49		
Ġ	6 7	Cotal number of volunteers (actimate if nancount)		1				<del></del>
ĕ		Total number of volunteers (estimate if necessary)			6	30		
		Total unrelated business revenue from Part VIII, column (C), line 12			7a			0
	1 0	Net unrelated business taxable income from Form 990-T, line 38	<del></del>		7b			0
		Contributions and monte (Doct VIII Ess. 46)	Prior Y		24	C	urrent Year	
e	0 0	Contributions and grants (Part VIII, line 1h)	15	6,6	**********	·····		<u>,557</u>
Revenue	9 1	Program service revenue (Part VIII, line 2g)		7,2			<u>522</u>	,417
è	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2	21		***************************************	738
****	111 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						0
	12 7	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67	4,1	30		695	,712
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2	7,9	92		28	,416
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)						0
ø	1	***************************************		32,8	20		454	,081
JSe	16aF	Professional fundraising fees (Part IX, column (A), line 11e)				······································		<del>/ 3 3 2</del>
xpenses	. b1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 12,336	325314 (MIN)		2010	60£333		38/34/44 F
ŭ		Other evenence (Dart IV column (A) lines 44s 444 445 24s)	1-	75,5		SP1700X1-X		,318
		Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		36,3		<del></del>	673	,815
		Revenue less expenses. Subtract line 18 from line 12		37,7				<del>,813</del>
<u> </u>	<u> </u>	Actional least expenses. Subtract line 10 from line 12	Beginning of C				nd of Year	
let Assets or	ଞ୍ଚ 20 T	Total assets (Part X, line 16)		17,9				,852
A88	21 7	Takel Bakillaina (Dark V. Ban DO)		23,4				,082
ž.	22 1	Net assets or fund balances. Subtract line 21 from line 20		24,4				,770
	Part II			- 7 , 7	10 /		341	,,,,
-								
t:	the corre	nalties of perjury. I declare that I have examined this return, including accompanying schedules and statect, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	ements, and to the	best of	my kn	owledge a	and belief,	it is
		The second of th	er nas any knowle	aye.				
۵.		Signature of officer	-			·····		
	gn	1			Date,			
He	ere		SIDENT					
		Type or print name and title						
_		Print/Type preparer's name	Date		Check	X if	PTIN	
Pa	iid	DANIEL E MELNIK	09/0	3/19	self-en	1	P016276	78
Pr	eparer	Firm's name FLEGAL & MELNIK		Firm's E			-3363	
Us	se Only	350 GLADYS ST						
		Firm's address > PORTAGE, MI 49002-2955		Phone	no.	269	-383-	-1900
Ma	ay the IF	RS discuss this return with the preparer shown above? (see instructions)					X Yes	
_								

orm 990 (2018) CRESCENDO ACAD		38-2787387	Page 2
	Service Accomplishments	ny line in this Part III	
Briefly describe the organization's missio		ny mie in uns Pait III	<u> L</u>
TO PROVIDE MUSIC EDUC		OF ALL AGES	
· · · · · · · · · · · · · · · · · · ·			
			************************
Did the organization undertake any signif	ficant program services during the ye	ear which were not listed on the	
prior Form 000 or 000 F72			Yes X No
If "Yes," describe these new services on			
Did the organization cease conducting, o	r make significant changes in how it	t conducts, any program	
			Yes X No
If "Yes," describe these changes on Sche			
	4) organizations are required to repo	three largest program services, as measure ort the amount of grants and allocations to ot	-
		29 /16 \ (D	
PROVIDE MUSIC EDUCATION	ON TO STUDENTS OF	of \$ 28,416 ) (Revenue	
* * * * * * * * * * * * * * * * * * * *			
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\(\frac{1}{2}\)	la aboutina ana ata		- A
NT / 7N		s of \$) (Revenue	
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* * * * * * * * * * * * * * * * * * * *			************************************
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• • • • • • • • • • • • • • • • • • • •		***************************************	**********************
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	including grant	s of \$) (Revenu	e \$
N/A			
			· · • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	~~~		•••••
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•			
*			• • • • • • • • • • • • • • • • • • • •
d Other program services (Describe in Sc	chedule O.)		
(Expenses \$	including grants of \$ 502,321	) (Revenue \$	)

## Part IV Checklist of Required Schedules

3. 0	TETT CHOOKING OF INCIDENCE		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	***************************************
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Vas " complete Schedule C. Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	plantian in offert during the toy year? If "Wee " complete Salendule C. Dort II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			į
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	'-		
·	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	50.00	4 4 5	<u> </u>
11	VII, VIII, IX, or X as applicable.	870		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1.76	(S. 177 )
а	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1114		<del> </del>
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c	<u> </u>	<u> </u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	<b></b>	-
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	'''		1
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	<del> </del>	<u> </u>
J	Mary Hand & Mary and the company of Mary 1 and 10 a	12b		x
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	┼≏
14a	Did the averagination resistain on office americans as appete suicide of the Heliad Chatano	14a	1	X
b	Did the organization maintain an onice, employees, or agents outside or the Onited States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140	<del> </del>	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			İ
	foreign investments valued at \$100,000 or more? If "Vee " complete Schedule E. Date Land IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.40	<del> </del>	+
,,,	for any familian agranization? If "Van" complete Schodule E. Darte II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1.5	<del> </del>	1
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	<del> </del>	+==
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		+	+ 4.5
	Dod VIII Sond to and 000 If IV/on II appealate Calculus C. Dod II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	1-	+^
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	$\frac{\Lambda}{X}$
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<del></del>		+**
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	1	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

	IT IV Checklist of Required Schedules (Continued)	·	., 1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			7.7
	employees? If "Yes," complete Schedule J	. 23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			77
	through 24d and complete Schedule K. If "No," go to line 25a	. 24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			i
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		·	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		4.854	进改25 提入
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	İ		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	```		T
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			T
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	250	100	<b>1</b>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			銀網
c		1,23		1
	reportable gaming (gambling) winnings to prize winners?	1c	1	

Form	990 (2018) CRESCENDO ACADEMY OF MUSIC 38-2787			·····	Pa	<u>ige 5</u>
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			·	
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	49		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	y over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country: ▶		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>1867</b>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	s (FBAR).		1.01	450000 Sec. 7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-	ction?	,	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or				
	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).		* 4 * 4 * 5 * 4 * 4 * 7 * * * * * * * * * * * * * *	基性的		Marie .
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		188		
	and services provided to the payor?			7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		*************	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Very and		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by th	ie	製物		MAN IN
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			\$200 E	18. S.	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			2755		770
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			6 V.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:				P. S.	
а	Gross income from members or shareholders	11a			1	
b	Gross income from other sources (Do not net amounts due or paid to other sources					ly.
	against amounts due or received from them.)	11b			1000	37
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	rm 1041	?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			N. A.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			3300		10
а	Is the organization licensed to issue qualified health plans in more than one state?		,	13a	1 22235	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			PASS PASS PASS PASS PASS PASS PASS PASS		
b	· · · · · · · · · · · · · · · · · · ·	ſ	1			
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	<u> </u>		F 45.50%	
14a				. 14a	<del></del>	X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched			14b	4—	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu	neration	or			
	excess parachute payment(s) during the year?			15		<u>  X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.		_	1300	1	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	ent inco	me?	16		X

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) CRESCENDO ACADEMY OF MUSIC 38-2787387 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ... Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15h If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MT Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form 990 (2018)

269-345-6664

AUDREY LIPSEY

KALAMAZOO

359 S KALAMAZOO MALL, STE 12

49007

State the name, address, and telephone number of the person who possesses the organization's books and records >

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- . List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					e n ))	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11-21000-11100)	organization and related organizations
(1) SCOTT RUSSELL										
PRESIDENT	1.00	x		x				O	0	0
(2) KATHY ASKLER										
	1.00			7.5				0	•	•
VICE PRESIDENT (3) ONUR ARUGASLAN	0.00	X		X	-	$\vdash$		0	0	0
(5) OHOIT PAROGRADHIA	1.00									
TREASURER	0.00	X		x				0	0	0
(4) ELIZABETH ROHS									······································	
	1.00									
BOARD MEMBER	0.00	X			<u> </u>	$\perp \perp$		0	0	0
(5) ALLISON HART-YO	7									
	1.00									
BOARD MEMBER (6) REV BETH MCLARE	0.00	X	$\vdash$	-	├-	+-+		0	0	0
(6) REV BETH MCLARE.	1.00									
BOARD MEMBER	0.00	x						0	C	0
(7) STEVE PHILLIPS	1 0.00	1	T	T	+	1 1				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00									
SECRETARY	0.00	X						0		0
(8) JOE REISH					Т					
	1.00									
BOARD MEMBER	0.00	X		_				0	(	0
(9) LAUFET MORRISON										
	1.00									
BOARD MEMBER	0.00	X	┼	╀	4		_	ļ		0
(10) MELISSA TALLON	1 00									
BOARD MEMBER	1.00	$ \mathbf{x} $								0
(11) JESSIE DUNIPHIN		+ <u>^</u>	╫	+	╁	1	-		<u>'</u>	7
first management and any management and appropriate	1.00									
BOARD MEMBER	0.00	X							)	0
DAA				$\sim$	יםר	√ EC	חר	VOLID EILE		Form <b>990</b> (2018)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title		(B) (C) Average Position Hours per (do not check more than one week box, unless person is both an officer and a director/trustee) Hours for					s both	ลก	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(14-21035-11150)	organization and related organizations
С	Sub-total  Total from continuation she  Total (add lines 1b and 1c)  Total number of individuals (i	ets to Part VII,	Sect limit	tion ed to	Α				ve) who received more than	\$100,000 of	
3 4 5 Sect	Did the organization list any f employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and related organization and related organization and related on line for services rendered to the otton B. Independent Contract	ormer officer, di "complete Sche ne 1a, is the sum inizations greate 1a receive or aconganization? If "	rector dule of r that crue Yes,	or, or of J for epor in \$1  com	table 50,0 npen	ch in cor 00? satio	divid nper If "Y on fro	lual isati es," om a ule	ion and other compensation complete Schedule J for so any unrelated organization of J for such person	n from the uch or individual	3 X 4 X 5 X
1	Complete this table for your to compensation from the organ	nization. Report of	oens com	ated pens	I Inde	epen n for	dent	cor cale	ndar year ending with or wi	thin the organization's tax	
	Name ar	(A) nd business address						1	Descr	(B) iption of services	(C) Compensation
2	Total number of independen received more than \$100,00	t contractors (inc	ludi	ng b	ut no	ot lim	ited i≱a <b>ti</b>	to ti	hose listed above) who	0	

ra	II. V	Check if Schedule		ains a response	or note to any line	in this Part VIII		П
				1.00 mg/m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
as size	1a	Federated campaigns	1a					
Sra	b	Membership dues	1b				Kencusa in Con-	
A, (	C	Fundraising events	1c					
필급	d	Related organizations	1d			Program and the second		
ž.E	e	Government grants (contributions)	1e	24,000	36 Sept. 188			
rior		All other contributions, gifts, grants,			45.7			
		and similar amounts not included above	1f	148,557	To an included the			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1e	-1f: \$					
<u>ರ್ಷ</u>	h	Total. Add lines 1a-1f		<u></u>	172,557			
e l				Busn. Code				and the second
3461	2a	TUITION & FEES			450,135			***************************************
ě	þ	PROGRAM INCOME			72,282	72,282		
Program Service Revenue	C						***************************************	
Sa	d							
E	е							
ro go	f	All other program service reve		***************************************		Sweet Just West Hereks arrand in his way yes.	e et antita, espetal velat formad, i un distribui	Nethi Amerika da karan-Amerika da karan
<u>-</u>	_ g	Total. Add lines 2a-2f			522,417			
	3	Investment income (including	dividend	ls, interest,	720			700
	_	and other similar amounts)			738		***************************************	738
		Income from investment of ta		•				
	5	Royalties(i) Real	<del></del>		SECTION CONTRACTOR	ani da karatan karatan karatan karatan karatan karatan karatan karatan karatan karatan karatan karatan karatan	varanca in Alexandra	######################################
	6-			(ii) Personal				<b>Ka</b> rata and a
	6a	Gross rents						
	b	Less: rental exps.						
	d	Rental inc. or (loss)  Net rental income or (loss)	I					
		Gross amount from (i) Securities	<u></u>	(ii) Other				April 1
		sales of assets		(ii) Calor			r transfer	
	h	other than inventory Less: cost or other				Frank House		
	J	basis & sales exps.	i					
	c	Gain or (loss)			1			
		Net gain or (loss)	L	<b>&gt;</b>	Ten on the state of the property serves and take	Same of the Property of the Control of the	8048448298688 4191284 <b>888</b>	Career Strain, separation of the contract fraction
		Gross income from fundraising ev		<u> </u>	and the second		E CONTRACTOR	Marie Committee
onu		(not including \$				The second second		Espite .
3.		of contributions reported on line 1	c).			Programme States		
ď		See Part IV, line 18					Personal Control	
Other Revenue	b	Less: direct expenses	b				Control Visit (Control	
0	С	Net income or (loss) from fun	draising	events >				
	9a	Gross income from gaming activit	ies.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b	·				
	1	Net income or (loss) from ga		ivities 🕨	recording the control of the control			Managaran
	10a	Gross sales of inventory, less	s					
		returns and allowances	а				File Carlotte	Mark Sales
	•	Less: cost of goods sold	b					NEW TRACTOR STORY
	C	Net income or (loss) from sa			er Christian (1946) de representation de carres	S Constant C	N AN THE PARTY OF COLUMN	ENERGY ELECTRICAL CONTROL
	-	Miscellaneous Revenu	В	Busn. Code				
	11a					-		
	b	• ,				<u> </u>		
	C	Att att an annual annual				<b>1</b>		
	d	All other revenue				100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To 100 To		o www.cik.com.com
		Total. Add lines 11a-11d  Total revenue. See instruct			695,71			738
	114	. Juli te settue. Dee Highlich	U113		,		· 1	-, , , , ,

### Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			and the second	Market 1
	and domestic governments. See Part IV, line 21			and the standard stan	Later the same of
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	28,416	28,416		
3	Grants and other assistance to foreign			Control of the Contro	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			- 104524 37 247 77	MERCHANICAL CONTRACTOR
5	Compensation of current officers, directors,			# 3   PEN   2   M M M M M M M M M M M M M M M M M	NAME OF THE PARTY
·	trustees, and key employees			1	
6	Compensation not included above, to disqualified				
v	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		·		
7	· · · · · · · · · · · · · · · · · · ·	418,604	337,993	74,611	6,000
-	Other salaries and wages	410,004	331,993	14,011	8,000
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		**************************************		·
9	Other employee benefits	25 477	00 645	C 202	FAA
10	Payroli taxes	35,477	28,645	6,323	509
11	Fees for services (non-employees):				
а	Management				****
b	Legal	2 500		0 500	
C	Accounting	3,500		3,500	
d	Lobbying		SANGE SE OFFICE OF THE STREET SET OF SECURIOR FOR SECURIOR	NOON CANADAM CONTRACTOR SET OF STATES	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	4,356	1,700	2,022	634
12	Advertising and promotion	9,442	90	1	20
13	Office expenses	15,479	496		4,422
14	Information technology	6,692		6,692	
15	Royalties				
16	Occupancy	48,890	39,475		701
17	Travel	130		130	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,101	425	676	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,218	10,264	1,954	
23	Insurance	4,489		4,489	
24	Other expenses. Itemize expenses not covered	Control of the second second		Out of the Control of	And A Samuel St.
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			TRANSPORT OF THE	
	(A) amount, list line 24e expenses on Schedule O.)				
а	MARVELOUS MUSIC EXPENSES	39,803	39,803		
a b	GROUP CLASS EXPENSES	14,364	14,289		
C	PARKING	13,196		13,196	· · · · · · · · · · · · · · · · · · ·
d	FEES	8,358		8,308	
e	Att ather numbers	9,300			
25	Total functional expenses. Add lines 1 through 24e	673,815			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	0/3/813	302,323	139,130	12,33
DAA	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				Form 990 (200

Form 990 (2018) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 99,981 116,880 1 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 27,496 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges ٩ 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 300,793 10b 189,824 211,505 b Less: accumulated depreciation 19,726 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 30,599 11,763 15 15 347,900 371,852 16 Total assets. Add lines 1 through 15 (must equal line 34) ..... 16 6,938 Accounts payable and accrued expenses \_\_\_\_\_\_ 24,082 17 17 Grants payable 18 18 16,555 19 Deferred revenue 19 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 ... 23.493 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 281,794 Unrestricted net assets 314,719 Temporarily restricted net assets 42,613 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31

> 371,852 Form 990 (2018)

347,770

32

33

324,407

347,900

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2018)

DAA